

**WASHINGTON MORTGAGE BROKERS
CERTIFICATE OF COMPLIANCE AND
AUTHORIZATION TO EXAMINE TRUST ACCOUNTS**

To: State of Washington
Department of Financial Institutions
Division of Consumer Services

For: _____
licensee/applicant company name

The undersigned principal officer of the above listed licensee/applicant, hereby certifies that such firm has established and maintains a trust account(s) {"Trust Account"} in compliance with the Mortgage Broker Practices Act, RCW 19.146.050 and WAC 208-660-08010 through -08040, and that each Trust Account held for this purpose is correctly identified below:

Trust Account No.: _____
Financial Institution: _____
Branch: _____
Street Address: _____

Trust Account No.: _____
Financial Institution: _____
Branch: _____
Street Address: _____

The undersigned hereby authorizes the Director of the Department of Financial Institutions, or his/her designee, to examine the above described Trust Account(s). The undersigned further authorizes the above listed financial institution(s) to release to the Director, or his/her designee, information relating to the Trust Account(s) listed above, such information to include all account records and information. **The undersigned further acknowledges that any violation of RCW 19.146.050 is a Class C Felony.**

signature of officer

date

print officer's name

title

BANK VERIFICATION

Account No.: _____

Date established: _____

Verified by: _____

print bank representative's name

Signature: _____

Title: _____ Date: _____

Account No.: _____

Date established: _____

Verified by: _____

print bank representative's name

Signature: _____

Title: _____ Date: _____

(BANK REPRESENTATIVE'S SIGNATURE MUST BE NOTARIZED)

Signed and sworn before me by: _____

print bank representative's name

this _____ day of _____ 20____

Signature of Notary Public

Notary Public in and for the

notary seal here

State of _____

County of _____

My appointment expires: _____